

APPLICATION FOR LICENSE

ELECTRICAL COMPANY



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8457
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Electrical Company

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$25.00

Incomplete applications will be returned.

ELECTRICAL COMPANY APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8457 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Lic. #: _____

Date Issued: _____

Date Expires: _____

Cash #: _____

4220-1446: \$25.00

\$25.00 Application Fee

PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".
☐ Credit Card: MasterCard or VISA Only. Complete the following:
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date ____/____/____
in the amount of \$_____. Signature_____

☐ **CORPORATION** ☐ **PARTNERSHIP** ☐ **SOLE PROPRIETOR**
(See back of form for further instructions)

IF LIMITED COMPANY, CHECK ONE:

☐ **Water Pumps** ☐ **Outdoor Signs** ☐ **Gasoline Dispensing**
☐ **Traffic Signals** ☐ **House Wiring** ☐ **Refrigeration**
☐ **Low Energy** ☐ **Cranes**

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of company:		
Contact Address:		
City:	State:	Zip Code:
County:	Home Telephone: (____)____-____ Work Telephone: (____)____-____	
Social Security Number or Federal I.D. Number:		

**PARTNERSHIPS MUST LIST NAME(S) AND ADDRESS(S) OF
SOLE PROPRIETOR OR PARTNERS**

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

TO BE COMPLETED BY VALIDATING MASTER

Name of Validating Master:		License Number of Validating Master:
Mailing Address of Validating Master:		
City:	State:	Zip Code
Work Phone:	Home Phone:	Social Security Number:
Are you an Officer of the Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Title: _____		
Are you an Employee of the Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of the Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Validating Master:		Date: